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Fire Department Relief Fund Scholarship					
Member Eligibility:					
Check this box if you are a current memb	per of the Fire Γ	Department			
Check this box if you are not a current m Specify Firefighter Name:			r that is.		
Attendance Eligibility:					
Check this box if you are currently attendnext 365 days.	ling a university	y or technical co	llege, or plan t	o attend within	n the
Check this box if you are not currently at the next 365 days and have an acceptance letter	•	•	ıl college, but p	olan to attend v	within
If all boxes have been checked, please proceed	to fill out the re	est of the form.			
Name :					
Address:					
City:	State:	_ Zip Code:_		DOB:	
Phone Number: Email Address:					
Highest Grade Completed (Circle): 9	10 11 12	Associates	Bachelors	Masters	PHD
Next Steps:					
 Complete the application and return it in e.kennedy@tokb.org, or hand delivered Complete the essay prompt with its requestion and delivered to the fire state. The Scholarship Selection Committee in the amount of \$1,500 and \$1,000 in the state. 	I to the fire depa uirements no la ation. will review all a	artment. ter than the last applicants and se	day of Februar	ry. It can also l	be
Applicant Signature		Date			